

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  21
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Mr Roger O NICKNAME LAST SUFFIX Flores		<b>OFFICE USE ONLY</b>  Date Received  2005 JAN 8 CITY OF SAN ANTONIO RECEIVED Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 2233 SAN ANTONIO, TX 78298-2233		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (210) 226-0892		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Janine P. NICKNAME LAST SUFFIX Flores		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 306 Vita Mae SAN ANTONIO, TX 78216		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (210) 340-8944		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year 7 / 01 / 04 THROUGH 12 / 31 / 04		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) City Councilman		<b>13 OFFICE SOUGHT</b> (if known)
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name  Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<b>GO TO PAGE 2</b>			

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****15 C/OH NAME**

ROGER O. FLORES

**16 ACCOUNT #** (Ethics Commission filers)**17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pagesRECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
2005 JAN 18  
5:56 PM**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 20,805.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1738.62

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 28,310.71

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

**19 AFFIDAVIT**YOLANDA H. BYINGTON  
MY COMMISSION EXPIRES  
FEBRUARY 23, 2007

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roger O. Flores, this the 18<sup>th</sup> day of January, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

YOLANDA H. BYINGTON

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Roger O. Flores</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/9/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Keith D. Rosbury</b> 6 Contributor address; City; State; Zip Code <b>1700 Gentle Way, Prosper TX 75078</b>	7 Amount of contribution (\$) <b>125.00</b>	8 In-kind contribution description (if applicable) <b>2005 JAN 18</b> <b>CITY OF SAN ANTONIO</b> <b>RECEIVED</b>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/9/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Consulting ENGINEERING</b> Contributor address; City; State; Zip Code <b>PAC</b> <b>1001 Congress Suite 201 Austin TX</b>	Amount of contribution (\$) <b>280.00</b>	In-kind contribution description (if applicable) <b>2005 JAN 18</b> <b>CITY OF SAN ANTONIO</b> <b>RECEIVED</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/31/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Susan &amp; R Don Durden</b> Contributor address; City; State; Zip Code <b>411 FM 473 Comfort, TX 78013</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/31/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John German, P.E.</b> Contributor address; City; State; Zip Code <b>8628 Tesoro Dr. S. 78217 SATX</b>	Amount of contribution (\$) <b>75.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/31/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michael F. Thuss</b> Contributor address; City; State; Zip Code <b>15230 Moonlit Ln. 78247 SATX</b>	Amount of contribution (\$) <b>70.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Roger O. Howe</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>8/31/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Crespin Guzman</b> 6 Contributor address; City; State; Zip Code <b>7402 Buckskin Ln. SATx 78727</b>	7 Amount of contribution (\$) <b>70.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/31/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Raba - Kistner PAC</b> Contributor address; City; State; Zip Code <b>P.O. Box 690287 SATx 78269</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/31/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Turner, Collie + Braden PAC</b> Contributor address; City; State; Zip Code <b>P.O. Box 130089 Houston SATx 78219</b>	Amount of contribution (\$) <b>110.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/15/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Robert J. Brunni</b> Contributor address; City; State; Zip Code <b>12703 Old Wick Rd. SATx 78230</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/15/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Robert J. Carabin</b> Contributor address; City; State; Zip Code <b>210 Lavaca SATx 78210</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Roger O. Flou</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/15/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jesse Covarrubias</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>204 Shalimar SATX 78213</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/15/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Berkley V. Dawson</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 937 SATX 78202-0937</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/15/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John W. Feik</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>221 Geneseo Rd SATX 78209</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/15/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ted &amp; Katy Flato</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>311 Third St #200 SATX 78205</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/15/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Gloria Galt</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>700 E. Hildebrand SATX 78212</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Roger O. Flowe

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

A.J. + Terry Hausman

6 Contributor address; City; State; Zip Code

9910 Teal Ave SATX 78224-3073

7 Amount of contribution (\$)

500.<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/04

Full name of contributor

☐ out-of-state PAC (ID#)

Bill + Tina Lyons

Contributor address; City; State; Zip Code

720 Castano SATX 78209

Amount of contribution (\$)

300.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/04

Full name of contributor

☐ out-of-state PAC (ID#)

Debra Maltz Centro Proprietor

Contributor address; City; State; Zip Code

San Antonio TX

Amount of contribution (\$)

100.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/04

Full name of contributor

☐ out-of-state PAC (ID#)

L.L. Lowry Mays

Contributor address; City; State; Zip Code

PO Box 659512 SATX 78265

Amount of contribution (\$)

500.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/04

Full name of contributor

☐ out-of-state PAC (ID#)

B.J. McRomber

Contributor address; City; State; Zip Code

755 E. Mulberry St. SATX 78212

Amount of contribution (\$)

500.<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Roy O. Flier

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

M. Frank Russell

6 Contributor address; City; State; Zip Code

312 Western Rd SATX  
782097 Amount of  
contribution (\$)

50.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/04

Full name of contributor

☐ out-of-state PAC (ID#)

Jack J. Spector

Contributor address; City; State; Zip Code

227 Devine SATX 78209

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/04

Full name of contributor

☐ out-of-state PAC (ID#)

David Starr

Contributor address; City; State; Zip Code

2161 N.W. Military Hwy SATX  
78213Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/04

Full name of contributor

☐ out-of-state PAC (ID#)

Dr. William D. Weatherford Jr.

Contributor address; City; State; Zip Code

219 Annie Lewis Dr SATX  
78216Amount of  
contribution (\$)

25.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/04

Full name of contributor

☐ out-of-state PAC (ID#)

Jess Y. Womack, II

Contributor address; City; State; Zip Code

711 Navano Ste 404 SATX  
78205Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Roy O. Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/04

5 Full name of contributor

Michael J. Yndo SATX 78210

6 Contributor address; City; State; Zip Code

101 Crofton Ave Apt. 202

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/04

Full name of contributor

Ernest + Aimee Bromley

Contributor address; City; State; Zip Code

104 E. Elmore SATX 78212

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/04

Full name of contributor

Lineberger Grogan Blair Sampson LL.P.

Contributor address; City; State; Zip Code

711 Navarro #300 SATX 78205

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/04

Full name of contributor

Loeffler Jonas + Tussey

Contributor address; City; State; Zip Code

755 E. Mulberry #200, SATX 78212

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/04

Full name of contributor

USAA Political Action Comm.

Contributor address; City; State; Zip Code

USAA Bldg D3W SATX 78288

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Royce O. Floer

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

Charles E. Amato

6 Contributor address; City; State; Zip Code

9311 San Pedro #60 SA TX 78216

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

3 DI PAC

Contributor address; City; State; Zip Code

1900 W Loop S Ste 600 Houston TX 77027

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Chrissy Anthony

Contributor address; City; State; Zip Code

97 Langford SA TX 78209

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Abigail Barrera M.D.

Contributor address; City; State; Zip Code

135 W. Gramercy SA TX 78212

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Charles T. Barnett Jr.

Contributor address; City; State; Zip Code

96 N. E. Loop 410 SA TX 78216

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Roger O. Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

Douglas Beach

6 Contributor address; City; State; Zip Code

217 Alamo Pkwy #300 SATX 78205

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Chris Carson

Contributor address; City; State; Zip Code

1138 E. Commerce SATX 78205

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Alfonso Chiscano, M.D.

Contributor address; City; State; Zip Code

15243 Pebble Cove

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Chris Copeland

Contributor address; City; State; Zip Code

7602 McCullough SATX 78216

Amount of contribution (\$)

450.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

A Baker Duncan

Contributor address; City; State; Zip Code

711 Navarro #740 SATX 78205

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.





# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Roger O Flores</b>		3 ACCOUNT # (Ethics Commission file)	
4 Date <b>10/29/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Kit Goldsberry</b> 6 Contributor address; City, State, Zip Code <b>P.O. Box 460567 SATX 78246</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date <b>10/29/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>James W. Gorman</b> Contributor address; City, State, Zip Code <b>4040 Broadway St 615 SATX 78209</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>10/29/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>John R. Hannah</b> Contributor address; City, State, Zip Code <b>800 Navano #210 SATX 78205</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>10/29/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>George C. Hixon</b> Contributor address; City, State, Zip Code <b>315 E. Commerce SATX 78205</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>10/29/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Patrick J. Kennedy Jr.</b> Contributor address; City, State, Zip Code <b>112 Plean # 2550 SATX 78205</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The instructions that explain how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ROGER O Flores

3 ACCOUNT # (Ethics Commission Use)

4 Date

10/29/04

5 Full name of contributor

☐ out-of-state PAC (OR)

Richard M. Kleburg III

6 Contributor address: City, State, Zip Code

P.O. Box 1777 SATX 78217

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

2005 JAN 18

CITY OF AUSTIN AND

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (OR)

Jerry L. Knippa

Contributor address: City, State, Zip Code

Box 104 Boerne TX 78006

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

RECEIVED  
CITY OF AUSTIN AND  
JAN 18 2005

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (OR)

Mitch Meyer

Contributor address: City, State, Zip Code

Loopy Lmtd Partnership SATX  
9033 Aero St 202 78217

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (OR)

Marshall B. Miller

Contributor address: City, State, Zip Code

319 Limestone Creek SATX  
78232

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (OR)

Helen G. Moore

Contributor address: City, State, Zip Code

701 E. Woodlawn #1 SATX  
78212

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Roger O. Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

David Oppenheimer

6 Contributor address; City; State; Zip Code

711 Navaro #600 SATX 78205

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

2005 JAN 18

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9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Linda M. Pace

Contributor address; City; State; Zip Code

445 N. Main Ave SAT 78205

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

2005 JAN 18

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Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Scott Petty Jr.

Contributor address; City; State; Zip Code

101 E. King Hwy SATX 78212

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Kelly + Stephen Rogers

Contributor address; City; State; Zip Code

342 W. Woodlawn Ave SATX 78212

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Peter C. Selig

Contributor address; City; State; Zip Code

816 Cameron St SATX 78212

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Roger O. Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

Steve Sonten

6 Contributor address; City; State; Zip Code

700 N. St. Mary's 1600 SATX 78205

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

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2005 JAN 18 AM 10:57

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Patricia Galt

Contributor address; City; State; Zip Code

PO Box 1866 SATX 78297

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Sam Bell Stover II

Contributor address; City; State; Zip Code

P.O. Box 1866

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Chesley I Swann III

Contributor address; City; State; Zip Code

PO Box 6862 SATX 78209

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/04

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas Tiller

Contributor address; City; State; Zip Code

1624 St. Vincent 78629

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A	
The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME <i>Roger O. Flores</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/29/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Edward Torres</i>		7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable) <i>2005 JAN 18</i>	
6 Contributor address; City; State; Zip Code <i>3206 Falling Brook</i>					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <i>10/29/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mark E. Watson Jr.</i>		Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>P.O. Box 6886 SATX 78209</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The instruction guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Roger O. Flores</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>See ATTACHED</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <div style="text-align: right; transform: rotate(90deg);"><b>RECEIVED CITY OF SAN ANTONIO 2005 JAN 18 PM 5:57</b></div>
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

10/29/04	\$	250.00	Martin	Weiss		8207 Callaghan Rd., Ste 40	San Antonio, TX	78230	342-4242
11/1/04	\$	50.00	Marco	Barros		14018 Sage Bif	San Antonio, Tx	78216	771-7134
11/3/04	\$	250.00	Lori A. Crockett	Crockett and Daniel Garcia		P.O. Box 15132	San Antonio, Tx	78212-8332	
11/4/04	\$	100.00	Richard	Adam	Assoc. Foot Spec of SA, P.A.	2829 Babacock Rd., Suite 1	San Antonio, Tx	78229	
11/4/04	\$	500.00	Malcolm T.	Hartman		1250 N.E. Loop 410, Ste. 2	San Antonio, Tx	78209	
11/4/04	\$	350.00	RABA-KISTNER PAC, INC			P.O. Box 690287	San Antonio, Tx	78269-0287	
11/4/04	\$	100.00	Michael	Dunne		201 Lavaca, Suite 526	Austin, TX	78701	225-5466
11/15/04	\$	250.00	Julie	Hooper	King William Realty	92223 S. Alamo #1	San Antonio, TX	78205	
11/15/04	\$	250.00	Raymond R.	Carvajal, R.Ph.		3410 Roosevelt Ave.	San Antonio, TX	78214	922-2176
11/15/04	\$	250.00	Christoph C.	Hill		5111 Broadway	San Antonio, TX	78209	828-6565ext.6
11/17/04	\$	200.00	Henry G.	Cisneros		454 Soledad Suite 300	San Antonio, Tx	78205	
11/18/04	\$	500.00	James L and Allison	Hayne, Jr.		110 Crockett St.	San Antonio, Tx	78205	
11/20/04	\$	100.00	Kenneth	Gindy		3011 Old Elm Way	San Antonio, Tx	78230	
12/2/04	\$	500.00	David A.	Spencer		26610 Harmony Hills	San Antonio, Tx	78258	
12/3/04	\$	500.00	San Antonio Firefighters PAC			8925 West IH 10	San Antonio, Tx	78230	
12/15/04	\$	150.00	Philp F.	Benson		Travis Park North Bldg.	San Antonio, Tx	78205	222-0108
12/22/04	\$	50.00	Patrick H.	Swearingen, Jr.		310 Argyle	San Antonio, Tx	78209	

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## POLITICAL EXPENDITURES

## SCHEDULE F

The instruction guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Roger O. Flores</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/1/04</i>	5 Payee name <i>Rush American Printing</i> 6 Payee address; City; State; Zip Code <i>SA Tex</i>	7 Amount (\$) <i>95.35</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Stationary</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <i>2005 JAN 18</i>
Date <i>9/16/04</i>	Payee name <i>Bexar City Texas</i> Payee address; City; State; Zip Code	Amount (\$) <i>55.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Panaport</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>9/16/04</i>	Payee name <i>Bexar County Texas</i> Payee address; City; State; Zip Code	Amount (\$) <i>90.00</i>
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/9/04</i>	Payee name <i>Monte Vista Historical Assoc.</i> Payee address; City; State; Zip Code	Amount (\$) <i>125.00</i>
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The instruction guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>Roger O. Flores</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/9/04</b>	5 Payee name <b>"Gover"</b> 6 Payee address; City, State; Zip Code	7 Amount (\$) <b>100.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>at Risk Children</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>12/2/04</b>	Payee name <b>Cypress Street Grill</b> Payee address; City, State; Zip Code	Amount (\$) <b>96</b>
Purpose of payment (See instructions regarding type of information required.) <b>Council Gets Christmas Party</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>12/6/04</b>	Payee name <b>Reimburse Cash</b> Payee address; City, State; Zip Code	Amount (\$) <b>100.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>X Mas Party Constituent Part</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City, State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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## POLITICAL EXPENDITURES

## SCHEDULE F

The instruction guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Roger O. Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/9/04

5 Payee name

Dan Cook Golf Town

6 Payee address; City; State; Zip Code

7 Amount (\$)

200.00

8 Purpose of payment (See instructions regarding type of information required.)

Charitable

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/9/04

Payee name

San Antonio Park + Recreation

Payee address; City; State; Zip Code

Amount (\$)

2500.00

Purpose of payment (See instructions regarding type of information required.)

Order of People's Seat  
Children Sponsorship

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Roger O. Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/24/04

5 Payee name

Central Catholic High School

6 Payee address; City, State, Zip Code

SA TX 78205  
Adventures - Alumni event Prog

7 Amount (\$)

125.00

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

7/13/04

Payee name

Sprint Telephone

Payee address; City, State, Zip Code

PO Box 219554 Kansas City

Amount (\$)

647.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

8/13/04

Payee name

Central Catholic High School

Payee address; City, State, Zip Code

SA TX 78205  
Football program

Amount (\$)

55.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

8/13/04

Payee name

Lee High School

Payee address; City, State, Zip Code

Jackson Keller SA TX  
Football program 78216

Amount (\$)

25.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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